



# Incident Report

Print Date/Time: 05/02/2016 11:25

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008092

Incident Date/Time: 4/30/2016 1:36:33 PM  
Location: SR 9 SE / 4TH ST SE  
LAKE STEVENS WA 98258  
Phone Number: (425) 286-3892  
Report Required: No  
Prior Hazards: No  
LE Case Number:

Incident Type: Collision  
Venue: Lake Stevens  
Source: 911  
Priority: 2  
Status: 2  
Nature of Call:

## Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D3	SS0136-Shein
19D4	SS0138-Fiske
19R1	SS0133-Heinemann

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	GIRVEN, MICHAEL					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

04/30/2016 : 13:43:18 sp0204 Narrative: 3 GRN 1 YEL

04/30/2016 : 13:41:36 sp0204 Narrative: 3 VEH OFF THE SIDE OF RD FACING NB

04/30/2016 : 13:40:25 SP0338 Narrative: LR338

04/30/2016 : 13:39:49 SP0302 Narrative: Narrative added from associated Call #: 478 - 3 VEH ACC, 1 F NECK PX, CABN

04/30/2016 : 13:39:42 SP0338 Narrative: NON BLKING, ALSO GRN FORD TK AND BLU FOCUS

04/30/2016 : 13:39:05 SP0338 Narrative: 3 CAR COL, 52 YOF HEAD/NECK PX CON/BN - BRO YUKON

04/30/2016 : 13:38:09 SP0338 Narrative: NB SR 9 NO 4 ST, INJ


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

REPORT NO. **E539177**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00008092
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LOCAL AGENCY CODING	0311900
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TOTAL # OF UNITS	03	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	04	-	30	-	2016			1338	31				0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 9 SE		BLOCK NO. <input checked="" type="checkbox"/> 300
		MILE POST <input type="checkbox"/>

DISTANCE	500	00	MILES	N <input checked="" type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	4TH ST SE
			FEET	S <input checked="" type="checkbox"/>	W <input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252863892
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LAST NAME	GIRVEN	FIRST NAME	MICHAEL	MIDDLE INITIAL	L
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STREET NEW ADDRESS	17620 197TH AVE NE
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CITY	WOODINVILLE	ST	WA	ZIP	980778856
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	GIRVEML379CS	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02	-	10	-	1963
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B52906V	STATE	WA	VIN#	1FTBF3A6XCEB18950
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	FORD	MODEL	F3PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. TRUGREEN LSE 15265 NE 95TH ST REDMOND WA 98052

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL UNION CA4875659
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4403197565
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LAST NAME	ERICKSON	FIRST NAME	CASSANDRA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	10807 22ND PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585112
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ERICKCM101DA	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	01	-	1990
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AWN8304	STATE	WA	VIN#	1FAHP35N18W140562
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	FORD	MODEL	FOCCP	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CASSANDRA ERICKSON 10807 22ND PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 008111904C71022
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E539177**CASE # **2016-00008092**

## ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ERICKSON PATRICK T</b>																
ADDRESS & PHONE # <b>10807 22ND PL SE LAKE STEVENS WA 982585112 2535142798</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>05</b>	-	<b>19</b>	-	<b>1988</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

## NARRATIVE

V2 was stopped for traffic in the northbound lane in the 300 block of SR9 SE. V3 was stopped behind V2. Both vehicle were legally standing. V1 was traveling northbound SR 9 behind V3. V1 struck V3 in the rear, which pushed V3 into the back of V2. The driver of V1 stated "it was my fault." Driver of V1 said he looked in his rear view mirror and when he looked back at the road, traffic was stopped and he didn't have time to stop.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138****05-01-16 07:03 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**5/2/2016 2:13:31 AM**

BADGE OR ID #

**0138**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**1:39 PM**

TIME POLICE ARRIVED

**1:41 PM**


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

REPORT NO. **E539177**CASE # **2016-00008092****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY  
TYPECARRIER  
NAMECARRIER  
ADDRESS

CITY

ST

ZIP

NAME  
SOURCE#  
AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

3

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

D: 2069096711

LAST NAME

OGLE

FIRST NAME

KATHARYNE

MIDDLE  
INITIAL

K

STREET  
NEW ADDRESS ☒

112 194TH ST SW

CITY

SNOHOMISH

ST

WA

ZIP

98012

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

OGLE\*KK367CF

STATE

WA

SEX

F

D.O.B.  
MMDDYYYY

02

-

06

-

1964

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET  
USE

2

INJURY  
CLASS

6

NATURE OF INJURIES

NECK/BACK. TRANSPORTED TO HOSPITAL

LICENSE  
PLATE #

303RNS

STATE

WA

VIN#

1GKFK66U83J315214

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

2003

MAKE

GMC

MODEL

YUKON

STYLE

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

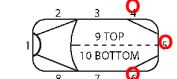
REGISTERED OWNER INFO. MONTE OGLE OGLE, KATHARYNE K BOTHELL WA 98012

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR  
VEHICLE☐PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS ☐

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET  
USEINJURY  
CLASS

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138****05-01-16 07:03 AM**

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE  
OR ID #

0138

ORI  
#

WA0311900

APPROVED BY  
**AUKERMAN**DATE  
**5/2/2016**PAGE **3**OF **4**

REPORT NO. E539177

CASE # 2016-00008092

DATE AND TIME OF COLLISION 04/30/16 13:38

